

**Sacramento County**  
**Department of Health Services, Behavioral Health Services**  
**Mental Health Services Act (MHSA) Steering Committee**

**Meeting Minutes**

May 20, 2021, 6:00 PM – 8:00 PM

**Meeting Location**

Webinar and phone conference

**Meeting Attendees:**

- MHSA Steering Committee members: Ann Arneill, Jerilyn Borack, Michelle Callejas, Karen Cameron, Genelle Cazares, Shaunda Cruz, Anatoliy Gridyushko, Daniela Guarnizo, Hafsa Hamdani, Crystal Harding, Erin Johansen, Ruth MacKenzie, Susan McCrea, Lori Miller, Noel Mora, JP Price, Ryan Quist, Koby Rodriguez, Mary Sheppard, Christopher Williams, Rosemary Younts
- General Public

Agenda Item	Discussion
<b>I. Welcome and Member Introductions</b>	The meeting was called to order at 6:05 p.m. MHSA Steering Committee members introduced themselves.
<b>II. Agenda Review</b>	The agenda was reviewed; no changes were made.
<b>III. Approval of Prior Meeting Minutes</b>	The April 2021 draft meeting minutes were reviewed; no changes were made.
<b>IV. Announcements</b>	<p><b>Koby Rodriguez:</b> This week the LGBT Center has been hosting a virtual conference for Black and Brown communities about HIV in the Sacramento region. All the videos can be viewed on our Facebook page. There is great content from experts across the region highlighting the need for HIV services for the Black and Brown community.</p> <p>Link to videos:  <a href="https://www.facebook.com/page/211433822279452/search/?q=2021%20HIV">https://www.facebook.com/page/211433822279452/search/?q=2021%20HIV</a></p> <p>Additionally, the LGBT Center will host a COVID-19 vaccine clinic for people age 12 and older in June.</p>
<b>V. Executive Committee / MHSA Updates</b>	<p><b>Executive Committee Updates</b>            Daniela Guarnizo, Executive Committee member, asked those present to submit post-meeting evaluations and also shared the update below.</p> <p><u>MHSA Steering Committee (SC) Membership change</u>            We would like to acknowledge recently departed and new members of the SC. We thank Lynne Keune for her service. Her last month was December 2020. We also offer thanks to Sayuri Sion, who recently stepped down from the SC, for her service both as a member and as a prior co-chair.</p> <p>We have several new SC members joining us for the first time today:</p>

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	<ul style="list-style-type: none"> <li>• Mary Sheppard (Uplift Family Services), who will be an alternate for the Children’s Service Provider seat</li> <li>• Andrew Mendonsa, who will be an alternate for the Substance Use Prevention and Treatment seat</li> <li>• Crystal Harding, who will be a primary member for the Family Member/Caregiver of Child age 0-17 Yrs seat</li> <li>• Noel Mora, who will be a primary member for the Family Member/Caregiver of Older Adult age 60+ Yrs seat</li> </ul> <p>Welcome all, and thank you for joining us!</p> <p><b>MHSA Updates</b>  Dr. Ryan Quist, Behavioral Health Director, shared the three updates below.</p> <p><u>American Rescue Plan Act (ARPA)</u>  On Tuesday, the federal government released \$3 billion of new mental health and substance use block grants. The United States Health and Human Services Secretary, Xavier Becerra, toured Sacramento County to learn more about how counties use the block grants in order to fund services. He toured our county’s Sacramento Early Diagnosis and Preventative Treatment (SacEDAPT) program and we were able to sit down and have a conversation with him. We were also joined by California’s Health and Human Services Secretary, Mark Ghaly MD, MPH. This was a great chance to educate our leaders on the great work we do in Sacramento County to identify and address early psychosis. I was very happy to host that meeting.</p> <p><u>Behavioral Health Crisis Response System (formerly Alternative to 911 for Mental Health Crisis)</u>  We plan to take this program before the Board of Supervisors (BOS) as part of our budget presentation in June. Meanwhile, we have started planning for additional stakeholder feedback sessions to inform the program design, so be on the lookout for upcoming promotional flyers.</p> <p><u>Assisted Outpatient Treatment (AOT)</u>  At our last MHSA SC meeting, we had an in-depth conversation around AOT. From the beginning, this has been a very difficult process as we have passionate advocates on both sides of this issue. Ultimately, Behavioral Health Services (BHS) ended up making a recommendation to the BOS to implement AOT.</p> <p>The BOS unanimously approved that recommendation. Additionally I shared with the BOS this body’s recommendation from the April 2021 that MHSA funds <u>not</u> be used for this implementation. The BOS is aware of that recommendation and at this point the funding allocation has not been determined.</p> <p>I also made a recommendation to the BOS that these program services be designed in a way that addresses the issues</p>

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	<p>opponents identified. To this end, we will have a community stakeholder process to aid in program design so we can address these identified issues and determine how to make the best possible AOT program for Sacramento County.</p> <p>I want to share how I came to this decision. This subject was considered by several relevant county boards. The Mental Health Board reviewed AOT and had varying opinions on both sides. The Alcohol and Drug Advisory Board also had this as an agenda item and unanimously recommended in support of implementation. Then, last month we came to the MHSA SC to determine if there was an appetite to use MHSA funds in order to implement AOT. The MHSA SC voted on that question, recommending against using MHSA funds for that purpose.</p> <p>Meanwhile, we had two sessions with the community to gather their broad feedback whether to implement or opt out of AOT. 73% of the participating community members recommended to implement AOT and 15% recommended to opt out of AOT. The remainder were unsure or did not have an opinion. When analyzing that data in more detail, we found three different groups: consumers only, family members only, and those who identified as both consumers and family members. A majority of all three of these groups recommended implementing AOT. The closest margin was for those in the consumers only group; of that group 47% recommended to implement and 33% recommended to opt out.</p> <p>Based on this information, I felt we had a clear message from the participants in these conversations regarding their preference. I want to acknowledge one of the messages I have heard from advocates, that being this is not the best time for consumers to provide feedback. COVID-19 has made it difficult for consumers to participate in these type of meetings. However, based on the feedback we did receive I felt this was the recommendation I needed to take forward to the BOS. Again, I would like to strongly emphasize this recommendation is to implement AOT, but to work with the community to implement in a way that it takes into consideration opponents' concerns so we make this the best program possible for Sacramento County. So now we will begin the community planning process to build out AOT.</p> <p>Jane Ann Zakhary, Division Manager, provided the update below.</p> <p><u>MHSA Program Review</u>  We completed our MHSA program review by the state. As reported in a previous update, this review had been pushed back from the original date and its design was significantly different from what was originally expected.</p> <p>We met with the California Department of Health Care Services and reviewed our Fiscal Year (FY) 2019-20 MHSA Annual</p>

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	<p>Update, our last MHSA Three-Year Plan, and our FY 2019-20 MHSA Revenue and Expenditure Report. We have not yet seen the final report from DHCS, but the meeting we had was overall positive. The State did ask us to describe some areas in more detail in our MHSA Plan. We will be expanding on those areas and I will touch base on them later during our MHSA Three-Year Plan presentation.</p>
<p><b>VI. Nominations for One (1) Co Chair and One (1) Executive Committee Seat</b></p>	<p>Daniela Guarnizo introduced this agenda item with the information that the two-year term of Co-Chair Leslie Napper would expire in June, although she will continue as a SC member.</p> <p>The MHSA SC thanked Leslie for the wonderful leadership and support she had provided as Co-Chair over the last couple of years. Julie Leung then informed the SC that an Executive Committee seat would soon be vacant, as JP Price would soon be stepping down as she was moving out of Sacramento. She thanked JP for the work she had done as a SC member and Executive Committee member and told her she and her sense of humor would be missed.</p> <p>Julie then provided background and context for the nominations process. See <a href="#">Attachment A - MHSA Steering Committee Co-Chair and Executive Committee Nominations Process</a>. Executive Committee members were invited to comment on their experience on the committee.</p> <p><b>JP Price</b>, Executive Committee member: The Executive Committee does not require a very intensive time commitment. It meets on the Monday following the SC meeting. It is good to have members with a wide variety of perspectives, as our function is to determine agenda items for future meetings. I have found the group very supportive; everyone in it is supportive of other members as people first and as members our voices are heard. It is one of the best committees I have ever been on and I highly recommend it to those of you considering it.</p> <p><b>Daniela Guarnizo</b>, Executive Committee member: I second all of that. When we meet on those Mondays, it is from 3 p.m. - 4 p.m., but there is flexibility if someone is unable to make it to a particular meeting. As JP said, having different viewpoints is desirable, as we are making decisions regarding agenda items and how best to improve the meeting process going forward. The Executive Committee is also a good leadership training opportunity for anyone looking to grow in that way.</p> <p><b>Co-Chair Nominations</b> (submitted at May 20 meeting)</p> <ul style="list-style-type: none"> <li>• Daniela Guarnizo</li> <li>• Hafsa Hamdani</li> </ul>

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	<p><b>Executive Committee Nominations</b> (submitted at May 20 meeting)</p> <ul style="list-style-type: none"> <li>• Hafsa Hamdani</li> <li>• Koby Rodriguez</li> <li>• Susan McCrea</li> </ul> <p>Additional nominations were submitted after the meeting. Staff will reach out to all nominees to discuss and confirm nominations. The vote will be taken via SurveyMonkey sent out to all members and alternates. SurveyMonkey vote results will be announced at the next meeting.</p>
<p><b>VII. DRAFT MHSA 2021-22, 2022-23, 2023-24 Three-Year Program and Expenditure Plan Presentation</b></p> <ul style="list-style-type: none"> <li>• Member Discussion</li> <li>• SC Collective Comment</li> </ul>	<p>Jane Ann presented an overview of the DRAFT MHSA 2021-22, 2022-23, 2023-24 Three-Year Program and Expenditure Plan. See <u><a href="#">Attachment B - DRAFT MHSA FY2021-22 thru 2023-24 Three Year Plan Overview</a></u>.</p> <p>This Draft Plan is currently posted online for a 30-day period of public review and comment, from May 3 through June 2, 2021. In addition to this presentation to the SC, it was presented to the Mental Health Board on May 5 and will be presented to the Cultural Competence Committee on May 25. On June 2, 2021, the Mental Health Board will conduct the Public Hearing at the close of the public comment period.</p> <p>Comments from members of the public can be submitted in a number of different ways. Written or emailed comments can be submitted at any time during the 30-day review period and verbal comments can be provided at the Public Hearing on June 2. A summary of all comments received will be included in the final Three-Year Plan together with the Division's response and an explanation of any changes to the Plan that were made as a result.</p> <p>The overview [linked above as Attachment B] summarizes and gives highlights of the Draft Plan, and the top right corner of each slide contains a box showing the page number of the section of the Draft Plan described on that slide.</p> <p>[The presentation to the SC was detailed and closely followed Attachment B, which summarized the Draft Plan. The following points are highlights from each of the MHSA Components.]</p> <p><b>MHSA Community Services and Supports (CSS)</b></p> <p>In Fiscal Year 2019-20, the implemented Full Service Partnership Programs (FSPs) served 2,596 unduplicated clients and the implemented General System Development (GSD) programs served 14,264 unduplicated clients.</p> <p><i>CSS Full Service Partnership Program FY2019-20 Outcomes:</i>  During FY 2019-20, Sacramento County's implemented FSP programs showed considerable progress in reducing negative</p>

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	<p>outcomes and assisting partners to manage their conditions successfully. Changes are represented in percent change from baseline (one year prior to FSP enrollment):</p> <ul style="list-style-type: none"> <li>• Homeless occurrences decreased by 64.6%</li> <li>• Homeless days decreased by 89.4%</li> <li>• ER visits for psychiatric reasons decreased by 90.8%</li> <li>• ER visits for medical reasons decreased by 92.9%</li> <li>• Psychiatric hospitalizations decreased by 68.1%</li> <li>• Psychiatric hospitalization days decreased by 91.2%</li> <li>• Arrests decreased by 44.1%</li> <li>• Incarcerations decreased by 54.3%</li> <li>• Incarceration days decreased by 83.7%</li> <li>• Employment rate – of partners with employment as goal, 25.2% were working during the FY</li> </ul> <p><i>CSS MHSA Housing Program Accomplishments:</i>            In FY 2019-20, MHSA funded programs:</p> <ul style="list-style-type: none"> <li>• Housed 563 clients/households who were literally homeless</li> <li>• Prevented 1,172 clients/households who were at imminent risk from becoming homeless</li> <li>• Served 161 clients/households residing in MHSA-funded apartments</li> <li>• Provided rental assistance to 4,682 clients/households</li> <li>• Provided 7,815 services utilizing MHSA housing flex funds</li> </ul> <p>Moreover, the MHSA housing portfolio is expanding. There are currently 221 apartments across 10 developments devoted to housing people in MHSA programs. There are 167 more apartments currently planned or under construction across 5 developments and county staff continues to explore opportunities for further expansion.</p> <p><b>MHSA Prevention and Early Intervention (PEI)</b>            In Fiscal Year 2019-20, 46,315 individuals were served across Suicide Prevention, 1,971 were served in Respite programs, 3,175 were served across Strengthening Families, and 571 were served in Integrated Health and Wellness.</p> <p><i>Time-Limited Community Driven PEI Grants Program</i>            There are 34 Sacramento County PEI programs funded for up to two years of operation. These programs are administered by CalMHSA, which also administered the competitive process to select service providers.</p> <p><b>Workforce Education and Training (WET)</b>            The MHSA WET component has the goals of recruiting, training and retaining diverse culturally and linguistically competent staff for the county’s public mental health system. WET funding was</p>

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	<p>time-limited funding, which is now exhausted. Therefore, the county's WET Plan is currently sustained with CSS dollars.</p> <p>Some of the highlights of current WET programming include: ongoing participation in law enforcement training; two high schools implementing behavioral health curricula; Mental Health First Aid training for community and system partners; Youth Mental Health First Aid training for teachers and school staff; Mental Health Interpreter Training; and Wellness Recovery Action Plan (WRAP) Facilitator Training.</p> <p><b>Innovation (INN)</b></p> <p>INN Project 1, the Respite Partnership Collaborative (RPC), was a community-driven collaborative committed to establishing and supporting a continuum of mental health respite services and supports. It spanned five years and concluded in June 2016. With MHSA Steering Committee support, all eleven mental health respite programs contained in the RPC were transitioned to sustainable MHSA funding after the INN project ended.</p> <p>INN Project 2 is the Mental Health Crisis/Urgent Care Clinic, which opened in November 2017. It adapts the urgent care medical model to provide crisis response care for individuals experiencing a mental health crisis. This adaptation focuses on crisis program designation, direct access to care, ages served (all), and a medical clearance screening pilot.</p> <p>Desired outcomes include: creating an effective alternative for individuals needing crisis care; improving the client experience; reducing unnecessary or inappropriate psychiatric hospitalizations, incarcerations and emergency room visits; and improving care coordination across the system of care.</p> <p>INN Project 3 is the Behavioral Health Crisis Services Collaborative. This project was developed as a result of local community planning, including discussions here at the Steering Committee, and is a public/private partnership with Dignity Health and Placer County. It established integrated adult crisis stabilization services on a hospital emergency department campus in northeastern Sacramento County.</p> <p>INN Project 4 is the Multi-County Full Service Partnership Program. It is a partnership with other counties across California to share and evaluate FSP data and best practices to enable the implementation of new data informed strategies in program design and continuous improvement for FSP programs.</p> <p>INN Project 5 is the Forensic Behavioral Health Multi-System Team (MST). This project will serve justice involved, Medi-Cal eligible individuals, 18 years and older, experiencing serious mental illness with significant functional impairment. Individuals may self-refer into the program or be referred by justice partners and Jail Psych Services. This innovative project will adapt and</p>

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	<p>expand on the Child and Family Team (CFT) model for the forensic behavioral health population. Mid FY 2020-21, BHS initiated the competitive selection process to seek out organizations interested in collaboratively operating this project. It is anticipated project implementation will commence in FY 2021-22.</p> <p><b>Capital Facilities and Technological Needs (CF/TN)</b></p> <p>This MHSA component includes two distinctly difference focus areas. The <i>Capital Facilities</i> Project was completed in 2015 and was the renovation of the three buildings at the Stockton Blvd complex that house the APSS Clinic, Peer Partner Program, and the Mental Health Crisis/Urgent Care Clinic (INN Project 2).</p> <p>The <i>Technological Needs</i> Project is Sacramento’s Health Information Exchange), known as SachIE/HIE. It furthers Sacramento County’s efforts in achieving the federal objectives of meaningful use of electronic health records to improve client care.</p> <p>As mentioned earlier, feedback from DHCS during the MHSA review will be incorporated into the Plan. Some key areas are expanding the description of Sacramento County demographics and more detailed description of Community Program Planning activities.</p> <p><b>Dr. Quist:</b> I would like to start by thanking Jane Ann, Julie, the MHSA team, and the rest of the Division for this amazing plan. It represents the full portfolio of services funded by MHSA and as it is all due to feedback that has come from this Steering Committee, you here are also due thanks for the input you have given. There are still places we can continue to improve, and we welcome that feedback, but I want to make sure I express my gratitude for what has been done so far.</p> <p><b>Jane Ann:</b> I would like to echo that. We have a terrific team and dedicated stakeholders and we could not do this work without all of you.</p> <p><b>Member Discussion, Questions, and Collective Comment</b></p> <p>Thank you for the very informative presentation. I strongly support all of the MHSA-funded programs described. I would like to observe that many of these programs serve individuals with co-occurring substance use disorders and I recommend adding co-occurring substance use treatment to the plan, where applicable.</p> <p>Some immigrants do not know English. It is great they can call the suicide hotline and get help. However, because of the stigma attached to mental health issues, some—especially from the Asian community—may worry that a phone counselor is</p>



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	<p>someone they know or who knows them, so it is vital to have phone counselors from outside of Sacramento County and to advertise that fact so people feel more comfortable calling the hotline and getting the help they need.</p> <p>We had a presentation last month on the community/stakeholder input process for the planned transformation of the county's adult outpatient services, which together use a large fraction of the county's mental health services budget. We just went through a presentation of the Three-Year Plan that showed good outcomes under the system we currently have. However, we have not yet had a presentation about what the new outpatient system of services will look like. I realize the integrity of the contracting process does not allow for exact details to be revealed to providers outside the procurement process itself, but SC meetings are public and I think in the past we have had the ability to review the broad strokes of new program services prior to program implementation.</p> <p>The Draft Three-Year Plan does a good job of showing that we have an excellent continuum of services, especially within the CSS and PEI components. The success stories show how our programs excel in providing services.</p> <p>I would like to focus on FSP employment outcomes. The numbers in the report show some success at keeping people employed, but I would like to see more clients without jobs becoming employed. The Mental Health Board was told several years ago that program coordinators would emphasize this with the FSP providers. It is clear no progress has been made on this. When will something be done to improve this? The unemployment rate for consumers in California is 90% and we know productive activity is an essential part of recovery. I understand employment may not be possible for all FSP partners, but surely it is possible to do better than 2%. I have a lot of confidence in FSP providers. We see what they are capable of when looking at the numbers in other areas. I would like them to apply their excellence in this area as well and would like BHS to develop an action plan in this area to see improvement in this outcome.</p> <p>I know the Community-Driven PEI Grants are scheduled to sunset next year, many of them funding services targeted to the LGBT community and communities of color. I would like to know what is planned or if there is a plan to ensure continuation of these services.</p> <p>The MHSA SC supported moving the MHSA Three-Year Plan forward, noting the comments and feedback discussed.</p>

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<b>VIII. General Steering Committee Comment</b>	<p><b>Susan McCrea:</b> I would like to express my thanks to Dr. Quist for his very sensitive handling of the AOT questions and the whole situation. I would like to raise a concern I have regarding AOT, that the MHSA SC voted not to use MHSA funds for it, which I believe was premature. We had not seen some of the wonderful presentations given by the panel at the community meeting. I think we could use more education on this. Now that we know AOT implementation has been voted for by our Board of Supervisors, it would be wise for us to consider weighing in and supporting it financially so we will have more of a voice in its formation.</p>
<b>IX. General Public Comment</b>	<p>7:54 <b>Lois Cunningham</b>, family member, shared a letter from Mary Ann Bernard (see <a href="#">Attachment C – Mary Ann Bernard Public Comment</a>)</p> <p><b>Lilyane Glamben</b>, ONTRACK Program Resources: The FSP numbers regarding homelessness reduction are incredible. This looks like a subject we should take the time to go over in greater detail, especially as it does not appear (from casual observation) that this reflects what we see on the street. So I hope there will be an opportunity to grant a fuller understanding of those statistics.</p> <p><b>Dr. Diane Wolfe</b>, psychiatrist: I would like to see a gaps analysis. That is, how many people are not being served who would benefit from FSP services? How many are on the waiting list? How many people with behavioral health challenges are eligible for housing assistance, without sufficient resources to help them? What is the wait time for an appointment at Guest House? What is the wait time to be connected with a psychiatrist? Is psychotherapy offered at all? If so, what is the wait time for that? What does the department see as its most pressing needs? I think it is important to know as much about the population we are missing as we do about the population we are serving.</p>
<b>X. Adjournment / Upcoming Meetings</b>	<p>The meeting was adjourned at 8:00 p.m. Upcoming meetings will be held on</p> <ul style="list-style-type: none"> <li>• June 17, 2021 (<i>June meeting was canceled</i>)</li> <li>• July 15, 2021</li> </ul>

Interested members of the public are invited to attend MHSA Steering Committee meetings and a period is set aside for public comment at each meeting. If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Anne-Marie Rucker one week prior to each meeting at (916) 875-3861 or [ruckera@saccounty.net](mailto:ruckera@saccounty.net).

**From:** Mary Ann Bernard [REDACTED]  
**Sent:** Thursday, May 20, 2021 11:38 AM  
**To:** MHSA  
**Subject:** COMMENTS FOR THE SACRAMENTO COUNTY 5/20/21 MHSA STEERING COMMITTEE MEETING

**EXTERNAL EMAIL:** If unknown sender, **do not** click links/attachments.

**COMMENTS FOR THE SACRAMENTO COUNTY 5/20/21 MHSA STEERING COMMITTEE MEETING**

I am unable to attend tonight's meeting though I will be present for future meetings if there is prompt action on my pending application to join this Committee.

I am a Sac County resident, a retired lawyer with a schizophrenic adult son, and further expertise identified in my application.

Now that Sacramento County has opted into Laura's Law, the three year plan must be revised to provide funding for it. The statutory basis for using MHSA money for Laura's Law is at Welf. & Institutions Code 5813.5(f) which reads, in relevant part, "When included in county plans ... funds may be used for the provision of mental health services under Sections 5347 and 5348 in counties that elect to participate in the Assisted Outpatient Treatment Demonstration Project Act of 2002 (Article 9 (commencing with Section 5345) of Chapter 2 of Part 1)." [otherwise known as Laura's Law.]

If MHSA treatment funds are insufficient to pay for a robust Laura's Law program, MHSA PEI funds should be used. The statutory and regulatory bases for using PEI funds is in the last clause of Welf. & Inst. Code 5840(c), which states that PEI "shall also include components similar to programs that have been successful in reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives." and at 9 Code of California Regulations Section 3720(d) which states that "Prevention Program services may include relapse prevention for individuals in recovery from a serious mental illness."

Historically, a great deal of PEI money has been wasted on nonsense programs that will never prevent mental illness from becoming severe mental illness, as required by MHSA Section 5840(a). See the "bait and switch" analysis done by MentalIllnessPolicy.org, at [https://secure-web.cisco.com/1ptof7-aTX-l3Yw7PGpLdB2rmL1xsF1-QLU4A24yxmYvaHw4qtT-1APR6EsNyTGkVI7I\\_IYc08OYxsbT2E7txAhVW93HRO1rZKF53eBl3cqbDwKeoZ4-2OjqXV1ZLn7rZ9N8Th3hXkOo3Onp8gEUZ4pWpCuENtzBphDqG\\_h\\_FnbMjlyVAPWp9RBt0Wz4xIFbgguqzyJcSM2ldxe0BoGxFVpEPb47mBZgDhCoyFAcG1YfGCRUUnTEM4iDB4zOR350LNQ9cSEGBogesRYL\\_OzmpZGBIcepFF-CluXlqxwRiJRTzecjnBL7xOFXvKSFlz8i/https%3A%2F%2Fmentalillnesspolicy.org%2Fstates%2Fcalifornia%2Fmhsa%2Fcalifornias-mental-health-service-act-a-ten-year-10-billion-bait-and-switch-pdf.html](https://secure-web.cisco.com/1ptof7-aTX-l3Yw7PGpLdB2rmL1xsF1-QLU4A24yxmYvaHw4qtT-1APR6EsNyTGkVI7I_IYc08OYxsbT2E7txAhVW93HRO1rZKF53eBl3cqbDwKeoZ4-2OjqXV1ZLn7rZ9N8Th3hXkOo3Onp8gEUZ4pWpCuENtzBphDqG_h_FnbMjlyVAPWp9RBt0Wz4xIFbgguqzyJcSM2ldxe0BoGxFVpEPb47mBZgDhCoyFAcG1YfGCRUUnTEM4iDB4zOR350LNQ9cSEGBogesRYL_OzmpZGBIcepFF-CluXlqxwRiJRTzecjnBL7xOFXvKSFlz8i/https%3A%2F%2Fmentalillnesspolicy.org%2Fstates%2Fcalifornia%2Fmhsa%2Fcalifornias-mental-health-service-act-a-ten-year-10-billion-bait-and-switch-pdf.html). At the same time, the mandatory MHSA provision requiring relapse prevention programs has often been ignored.

I hope to change that. Respectfully submitted, Mary Ann Bernard